

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/530543

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		4				
6		4				
7					1	
8		1		1		1
9		1				
10		1			1	
11		1				
12		1			1	
13		1			1	
14		1			1	
15		3		1		1
16		3		1		1
17		3		1		1
18		3		1		1
19		3		1		1
20		3		1		1
21		0		1		1
22		0		1		1
23	1	0		1		1
24		1		1		1
25		0		1		1
26		0		1		1
27		7		1		1
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		6		6	
TOTAL DEP.	42	↔	33	↔	33	↔
TOTAL CLAIMS	45		39		39	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

BEST AVAILABLE COPY